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INVOLUNTARY COMMITMENT IN WASHINGTON STATE – PART 1

8:24 pm By [Sandy Finn](#) [6 Comments](#)

The laws governing involuntary commitment in Washington State are lengthy and complex. Understanding the law requires 1) knowing a few basic definitions and 2) learning the legal process by which someone can be committed. This first article describes the process by which an individual can initially be taken into custody by the state and involuntarily committed.

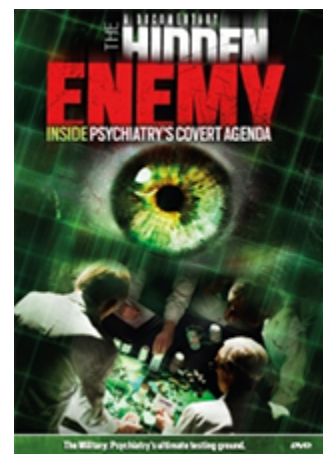
The basic definitions and legal process by which someone may be committed can be found in a document known as the Revised Code of Washington (RCW). (One definition of “code” is “a systematically arranged and comprehensive collection of laws.”) The RCW contains all the laws currently in force in Washington State. It is divided into large divisions called “titles”

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militaries of the world awash in psychiatry and psychiatric drugs, 23 soldiers and veterans are committing suicide every day.

and, within each title, smaller chapters that are subdivided into sections. Title 71 contains the laws related to mental illness and Chapter 71.05 holds the laws that govern involuntary

The Citizens Commission on Human Rights (CCHR) is a non-profit, public benefit organization dedicated to investigating and exposing psychiatric violations of human rights.

The likelihood of serious harm is defined as a substantial risk that the person will lead directly to report psychiatric abuse and criminality, false imprisonment, fraud, sexual abuse and inhumane treatment and conditions in psychiatric institutions. CCHR documents the abuse and continually try to weaken this element of involuntary commitment law the matters to the proper authorities.

Gravely disabled is defined to mean that the person "is in resulting from a failure to provide for his or her essential human needs of health and safety; or, manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or

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such care as is essential for his or her health or safety."

In some states likelihood of serious harm, or "dangerousness," as it is commonly described, must be imminent, meaning it must be likely to occur fairly soon. This is not true in Washington and psychiatric special interests continually try to weaken this element of involuntary commitment law.

In Washington, likelihood of serious harm and grave disability

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are defined in terms of the person's historical behavior. Here's what the law says:

“ Symptoms or behavior which standing alone would not justify civil commitment may support a finding of grave disability or likelihood of serious harm when: (a) Such symptoms or behavior are closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts; (b) these symptoms or behavior represent a marked and concerning change in the baseline behavior of the respondent; and (c) without treatment, the continued deterioration of the respondent is probable.

In making a determination of whether there is a likelihood of serious harm ... the court shall give great weight to any evidence before the court regarding whether the person has: (a) A recent history of one or more violent acts; or (b) a recent history of one or more commitments under this chapter or its equivalent provisions under the laws of another state which were based on a likelihood of serious harm. The existence of prior violent acts or commitments under this chapter or its equivalent shall not be the sole basis for determining whether a person presents a likelihood of serious harm.

For the purposes of this subsection “recent” refers to the period of time not exceeding three years prior to the current hearing.

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There are many problems with this section of the law, which we will discuss in more detail in parts two and three of this series. One point should be made now. Nearly all the long term studies of antipsychotics demonstrate that it is “treatment” with psychiatric drugs that ensures the “continued deterioration” of individuals in and out of the mental health system.

The initial “gatekeepers” of involuntary commitment are known as designated mental health professionals, or DMHPs. A DMHP is a mental health professional (psychiatrist, psychologist, psychiatric nurse, social worker) who has been designated by a Washington county to perform certain duties including the evaluation of people for possible involuntary commitment. When a DMHP receives information suggesting that a person presents a likelihood of serious harm or is gravely disabled, the DMHP may, after investigating and “if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention.”

Here we see an example of the distortion of the true meaning of words that can be found throughout Chapter 71.05 and that characterizes the language of totalitarian political systems. Treatment that takes place under the threat of state imprisonment can never be truly voluntary.

Before filing the petition, the DMHP must personally interview the person, unless the person refuses. The petition is a legal request for a judge to issue an order to imprison the person in an “evaluation and treatment facility” for not more than 72 hours (not counting weekends and holidays).

The use of the word treatment here is questionable. Psychiatric disorders, unlike typical medical diseases, are not defined according to any objective physical signs that can be

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measured via lab tests or radiology, or simply seen (swollen joint, broken bone). Moreover, psychiatrists acknowledge in their diagnostic manual that they cannot distinguish health from illness when it comes to their invented disorders. ** As a result, what psychiatrists do to patients – primarily prescribing powerful mind altering and body damaging drugs – takes place in the absence of any knowledge of what, if anything, is being treated. Treatment, as used here, is one of many words used by psychiatrists that serve primarily political (i.e. state governance and control of citizens), not medical, ends.

At the end of the 72-hour hold, the court can order the person to be committed for “fourteen days additional involuntary intensive treatment or ninety additional days of a less restrictive alternative to involuntary intensive treatment.” Less restrictive treatment is mainly court ordered psychiatric drugging that takes place outside the confines of a mental hospital/prison.

In our next article we’ll cover what happens after the 14-day period of commitment. Those who want to explore Washington State involuntary commitment laws can do so [here](#).

* It is important to remember that, although we use the phrase “mental illness” for the sake of simplicity, almost none of the conditions defined by psychiatrists as disorders have been proven to be illnesses. The concept is an invention designed to give the appearance of medical validity to psychiatry’s arbitrary and subjective labeling of individuals. Psychiatry’s fraudulent claim to medical legitimacy, in turn, forms the basis upon which it is granted power by the state. Psychiatry, as CCHR co-founder Thomas Szasz says in the CCHR documentary, *Psychiatry: An Industry of Death*, is “politics, pure and simple.” In other words, it has to do with the state exercising control over citizens.

** The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) states, “There is no assumption that each category of mental disorder is a discrete entity with absolute boundaries dividing it from other mental disorders or no mental disorder [emphasis added].” (p. xxii)

COMMENTS



Scott Abendroth says
[at 9:10 pm](#)

I have a dear friend who is not taking her meds and is
a not getting the help she needs to get better!!

[Reply](#)



Kelly Richardson says
[at 9:05 pm](#)

Thank you, Scott. It's important that they get a
thorough medical exam by a competent non-
psychiatric medical doctor. Many physical issues
can cause symptoms like mental illness and it is
important to get to what is causing his issues.
You can also check out information on
alternatives on this website: [https://
www.cchrnt.org/alternatives/
complementaryalternative-health/](https://www.cchrnt.org/alternatives/complementaryalternative-health/)

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[Jared A. Frerichs](#) says
[at 8:45 pm](#)

I was involuntarily committed a few years ago. How
do I find out who ordered the commitment?

[Reply](#)



Kelly Richardson says
[at 10:59 pm](#)

Hi Jared, you can order your medical records from the hospital.

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Jim Wavada says
[at 1:09 pm](#)

Why do we assume a mental health facility for those who may be involuntarily committed has to be a hell hole? Just as hospitals and urgent care facilities have concentrated specialized medical care and its providers in a central location, why can't mental hospitals to the same? Why to we assume that every candidate for involuntary commitment FOR THE PURPOSE OF TREATMENT AND TO PROTECT THEM FROM SELF HARM, is going to be abused if held for a period long enough to diagnose and treat their affliction.

Right now, my city's urban core is drowning in a sea of homelessness and public drug abuses that is driving downtown businesses to close. If Washington state had invested in modernizing it ancient mental hospitals instead of closing them on the assumption that community outpatient treatment would fill the void, we might not be at this sad point.

We need to build modern, well-staffed, secure institutions that can actually address the psychological and medical challenges of thousands of

citizens who now play out their pathologies on our streets. Expensive? Yes, absolutely. Essential. Yes, absolutely.

If mental health professionals had the prospect of a career doing clinical work and research at accredited mental health facilities, we might actually make some progress on dealing with psychological illness exacerbated by drug abuse and homelessness.

We need to accept that a well-designed, long-term commitment environment doesn't need to be the drab and sadistic home of nurse Ratchet in *One Flew Over the Cuckoo's Nest*. I don't see a workable alternative to the tragic present situation.

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Kelly Richardson says

[at 8:59 pm](#)

Jim, thank you for your comment. Currently, the system is rampant with abuse. Children with developing brains are being given mind altering drugs which have the highest black box warning label by the FDA. Some psychiatric drugs have side effect of suicide and homicide. We spend more money in the United States on mental health than any other country yet our outcomes are worse. Treatment should be safe. Patients should have informed consent and told of the side effects of the treatment. Drugs should be researched so they have less side effects. Patients should be given a thorough medical exam by a non-psychiatric doctor to get to the bottom of what is happening. The drugs are a chemical restraint but no root cause is found. There is much that can be done to help

improve the system.

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